

PLEASE TYPE OR PRINT CLEARLY

No controlled material, organisms or vectors may be imported or moved interstate unless the data requested on this form is furnished and certified (9 CFR 94, 95, and 122).

Public reporting burden for this collection of information is estimated to average between 1.6 and 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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|--|---|-------------|------------|-------------|------------|
| <p align="center">U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES National Center for Import-Export, Products Program 4700 River Road, Unit 40 Riverdale, MD 20737-1231</p> <p align="center">APPLICATION FOR PERMIT TO: IMPORT CONTROLLED MATERIAL IMPORT OR TRANSPORT ORGANISMS OR VECTORS</p> | <p align="center">FORM APPROVED - OMB NO. 0579-0015</p> <p>1. MODE OF TRANSPORTATION <i>(Please Circle)</i>:</p> <table style="width:100%; text-align: center;"> <tr> <td style="width:25%;">AIR</td> <td style="width:25%;">SEA</td> <td style="width:25%;">LAND</td> <td style="width:25%;">ANY</td> </tr> </table> <p>2. U.S. Ports of Entry</p> | AIR | SEA | LAND | ANY |
| AIR | SEA | LAND | ANY | | |
| <p>3. IMPORTER: <i>(Name, complete address, telephone and fax number)</i></p> | <p>4. SHIPPER: <i>(Name and Address of foreign producer)</i></p> | | | | |

5. DESCRIPTION *(material, country of origin, animal source, recombinant system & genetic inserts conditions of imported preparation, antibody immunogens, etc.) (COMPLETE VS FORM 16-7 for cell cultures & their products)*

6. QUANTITY AND FREQUENCY OF IMPORTATIONS *(estimate)*

7. PROPOSED USE OF MATERIAL, EXPECTED COMPLETION DATE, AND FINAL DISPOSITION *(method)*

8. DESCRIPTION OF APPLICANT'S FACILITIES AND EQUIPMENT FOR HANDLING MATERIALS

9. QUALIFICATIONS OF TECHNICAL PERSONNEL WORKING WITH THIS MATERIAL *(If applicable)*

10. TREATMENT OF MATERIAL PRIOR TO IMPORTATION *(Processing/purification methods, treatments, disease safeguard, etc.)*

11. WORK OBJECTIVES, PROPOSED PLAN OR WORK, AND ADDITIONAL PERTINENT INFORMATION *(animal model, use of derivatives, etc.)*

12. **PERTINENT** PUBLISHED PAPER/ABSTRACT REGARDING MATERIAL TO BE IMPORTED - ATTACH COPY, IF AVAILABLE

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|---|---------------------------------------|
| I CERTIFY THIS MATERIAL WILL BE USED IN ACCORDANCE WITH ALL RESTRICTIONS AND PRECAUTIONS AS MAY BE SPECIFIED IN THE PERMIT. | |
| 13. SIGNATURE OF APPLICANT | 14. TYPED NAME AND TITLE |
| 15. DATE | 16. APHIS USER FEE CREDIT ACCOUNT NO. |